The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2019

Agency Name: Great Barrington			
Name of Chief, Commissioner, or Agency Head: William R. Walsh		Name of Individual Completing Report: Timothy R. Ullrich	
Contact Telephone: (413) 528-0306	Ext. 3	Contact Email: tullrich@townofgb.org	Date Submitted: *mm/dd/yyyy* 07/19/2019

Semi-Annual Reporting Period	Time Period	Report Due Date
(●) 1st	January 1, 2019 – June 30, 2019	July 31, 2019
( ) 2nd	July 1, 2019 – December 31, 2019	January 31, 2020

Important!

- **Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.**
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to electroniccontrolweapons@mass.gov or fax it to Katie Sharkey at 617.725.0260.
- Contact Katie Sharkey by phone (617.725.3311) or via email (electroniccontrolweapons@mass.gov with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period? 19
   Include all part-time, full-time, reserve and other officers employed by your department.
2. How many sworn officers have completed the approved training program for ECWs to date? 19
   Include all part-time, full-time, reserve and other officers employed by your department.
3. How many ECWs does your department own? 5
4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period? 18
   Include all part-time, full-time, reserve and other officers employed by your department.
5. How many ECW involved *incidents* occurred during this reporting period? 0

- See next page for definition of an *ECW incident*.
- **If no incidents occurred, report a value of zero (0) leave remaining questions blank. Submit entire form.**

PART II. INCIDENT LEVEL INFORMATION

DEFINITIONS FOR SECTION II

ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

  Example: Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

  1) Any direct wording to a subject indicating or implying that an ECW will be used:

  Example: Displaying ECW and shouting, "Stop!"

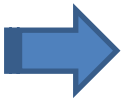
  2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

  Example: A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

ECW Deployment Types

- Probe Deployment – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- Stun Deployment – the drive stun function of the ECW is utilized.



Line number	1 **Incident Number** List the incident number sequentially (1,2,3). **Do not list in-house incident numbers** *For incidents with more than one officer use same incident number and chronological letter suffix.*	2 **Weapon Serial Number** List the serial number of the ECW weapon that was involved.	3 **Weapon Color** Indicate the color of the ECW device.	4 **Date of Incident** List the date in which the ECW incident occurred. *mm/dd/yyyy*	5 **Warning** Was an ECW warning given at any point during the incident? **Select: Yes or No** *If No, skip to question 10*	6 **Verbal/Visual Warning** a. Was a verbal/ visual warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal/ visual warning? **Select: Yes or No**	7 **Laser Warning** a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	8 **Spark Warning** a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	*1*	*XX12345*	*Yellow*	*01/02/2015*	*Yes*	*Yes*	*No*	*No*		*No*	
EX	*1b*	*C23456*	*Black*	*01/02/2015*	*No*						
EX	*2*	*11234DE*	*Yellow*	*02/05/2015*	*Yes*	*No*		*Yes*	*Yes*	*Yes*	*Yes*
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Line number	9 **Submission**	10 **Probe Deployments**			11 **Stun Deployments**		12 **Subject Sex**	13 **Subject Race**	14 **DOB**
	If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** **If the subject did not submit to any ECW warning types, leave blank**	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human STOP	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Male*	*White*	*05/10/1965*
EX		*1*	*3*	*Yes*	*0*		*Male*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*Female*	*American Indian/Alaska Native*	*12/01/1948*
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Need more pages?
Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

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EX	*1b*	*C23456*	*Black*	*01/02/2015*	*No*						
EX	*2*	*11234DE*	*Yellow*	*02/05/2015*	*Yes*	*No*		*Yes*	*Yes*	*Yes*	*Yes*
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EX		*1*	*3*	*Yes*	*0*		*Male*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*Female*	*American Indian/Alaska Native*	*12/01/1948*
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